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2643

7590

11/18/2009

OLIVER STRIMPEL, PATENT COUNSEL
AVID TECHNOLOGY, INC.
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TENKSURRY, MA 01876

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Oliver Strimpel	(Depositor's name)
/Oliver Strimpel/	(Signature)
FEB 25 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/539,740

03/31/2000

Peter A. Balbus

A0521/7189

9372

TITLE OF INVENTION: AUTHORIZING SYSTEM FOR COMBINING TEMPORAL AND NONTMPORAL DIGITAL MEDIA

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	02/18/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
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VAUGHN, GREGORY J

2178

345-302000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/17, Rev 03-02, or more recent) attached. Use of a Customer Number is required.

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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

RELEASE NOTES: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

AVID TECHNOLOGY, INC.

Tewksbury, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s) (Please first supply any previously paid issue fee shown above)

☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), pay deficiency, or credit any overpayment, to Deposit Account Number 571-123456 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature /Oliver Strimpel/

Date FEB 25, 2010

Typed or printed name Oliver Strimpel

Registration No. 56,451

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